

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105County Registrar No. 457

Local Registrar No. _____

No. 609 Gibson

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antoni Valdivia

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date

of birth

Month

Day

Year

male

5. No., in order of birth _____

yesOct 3 1927

8.

FATHER

Full name

Miguel Valdivia

14.

MOTHER

Full maiden name

Maria Dolores

9. Residence

(Usual place of abode)

Miami, Arizona

15 Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 32 (Years)

16 Color or race

Mexican17. Age at last birthday 31 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

minerCopper

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 5(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive

(Born alive or stillborn)

at 6:30 a m. on the date above stated*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

J. J. Miller MD

(Physician or midwife)

Address

Miami, ArizonaGiven name added from
a supplemental report

Filed

Oct 15, 27C. E. Dorn

Local Registrar.

Month, day, year

Registrar

Filed

, 19

County Registrar.

151-1003-442